



SARS-CoV-2 Louisiana Questionnaire V1 rev 5/04/2020

(Correctional Facility Transmission Investigation) **Day 14 Form**

	CDC ID:
Interviewee Information	
Booking or JDE Number:	Specimen ID
First:Last:	
Date of birth: / / (MM/DD/YYYY)	ki
CDC ID	

NOTE: This page is for paper records only. Do not scan for data entry into the electronic database.

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Administrative Information					
 Interviewer Name: First: Housing [detainee] location: Division: 	Last:	Date:	:		
2. Housing [detainee] location: Division:	Tier:Other:				
3. At the unit, the number of current: Staff presen	t: Cells:	Detainees	s:		
4. Interviewee: Detainee					
Crymptoms					
Symptoms Lisa no touch thermometer to record surrent to	mnanatura. OF				
Use no touch thermometer to record current teIn the last two weeks, have you experienced an		tome 2			
o. In the last two weeks, have you experienced an	y of the following sympi	Onset			
	Symptom Present Last		f Days	Ongoing?	Last 2
	2 Weeks?	(mm/dd)	Duys	Ongoing.	Months?
Fever >100.4°F (38° C)	Yes No Unk	/			
Subjective fever (felt feverish, or hot/sweaty)	Yes No Unk				
Chills	Yes No Unk				
Muscle aches (myalgia)		/			
Runny nose (rhinorrhea)					
Stuffy nose (nasal congestion)	Yes No Unk				
Sore throat	Yes No Unk	/			
	Yes No Unk				
Cough (new onset or worsening of chronic cough)	Yes No Unk				
Shortness of breath (dyspnea)	Yes No Unk				
Abdominal pain	Yes No Unk				
Diarrhea (≥3 loose stools/24hr period)	Yes No Unk				
Nausea	Yes No Unk				
Vomiting	Yes No Unk	/			
Headache	Yes No Unk	/			
Loss of taste Complete Partial	Yes No Unk	/			
Loss of smell Complete Partial	Yes No Unk	/			
Other, specify:	Yes No Unk	/			
Facility Questions (these questions are about a t					
7. At this facility, how many different people are			e day?_		
8. In the last two weeks, have you had handcuffs	put on? (*Other than for	r this survey*)			
Yes No Unknown	1 1 1		. 1	(0.0	
If yes, how many times per day (1 time would	be once per day naving the	nem put on and	taken o	II)?	
Sanitation levels					
9. How many times per day do you wash or sanit	ize vour hands (on averag	re)?			
10. When you wash your hands, do you use (check	``		and san	itizer W	ater alone
tov venen you wash your names, as you use (encer		't wash hands		nown	ater arone
		_			
11. When do you wash your hands (check all that a	apply)? 🔲 Before eati	ng After tou	ching a	shared phor	ne
After coughing or sneezing After tou	ching another person	After using the	e bathro	om	
After touching dirty laundry After wor	king Never	Unknown			
12. Have you worn a mask at the facility in the las		No Unknow	_		
a. If yes, what type of mask (check a		Surgical _	_ Unkn		
Public reporting burden of this collection of information is estimated to averag	e 60 minutes per response, including t	ne time for reviewing ins	tructions, se	earching existing d	ata sources,

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Other, specify:_		G2 G 12 V			
b. When around others (<6 ft), how of		mask?			
Always Usually U	Sometimes	Never Unknown			
c. When outside of your cell, how often	•	_			
Always Usually	Sometimes	Never Unknown			
Movement and Activity History 13. While in this facility, have you done any of the	following activities	s in the last two weeks?			
Activity	Answer	Frequency			
shaken hands with a person?	Yes No	Daily A few times a week Once a week			
played cards or a game with a person?	Yes No	Daily A few times a week Once a week			
used a phone that is shared with others?	Yes No	Daily A few times a week Once a week			
used a computer that is shared with others?	Yes No	Daily A few times a week Once a week			
shared items with a person? (cards, checkers, remote control, basketball, pen, pencil, dominos, etc)	Yes No	Daily A few times a week Once a week			
exercised, worked out, or played sports with a person?	Yes No	Daily A few times a week Once a week			
slept in the same cell/room as a person?	Yes No	Daily A few times a week Once a week			
shared a cigarette or vape pen with a person?	Yes No	Daily A few times a week Once a week			
shared a plate, utensil, or drinking cup/glass with a person?	Yes No	Daily A few times a week Once a week			
used a bathroom that is shared with others?	Yes No	Daily A few times a week Once a week			
traveled in the same vehicle (car, bus), sitting within 6 feet of a person?	Yes No	Daily A few times a week Once a week			
gone to court? (Excludes video court)	Yes No	Daily A few times a week Once a week			
had a work assignment off your dorm?	Yes No	Daily A few times a week Once a week			
Potential Exposure 14. In the last two weeks have you been around any people who appear to be sick with COVID-19 symptoms, such as a fever, cough, or shortness of breath? Yes No Unknown (<i>If yes</i> , how many?					
a. If yes, have you been tested for coronavirus? \square Yes \square No					
i. Date of most recent test:		(MM/DD/YYYY)			
ii. Did you experience any sym	ptoms at the time	you were tested? Yes No			

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).

Form Approved. OMB No. 0920-1011 Exp. 08/05/2020



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iii.	Result of most recent test: Don't know Other, spec		Pending	Indeterminate	